WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state. DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate.

RECORD

CAUSE OF I

N. B.

County Someset 5132



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No...

--St.;-----Ward)

[If leath occurred in a hospital or institution, give its NAME Instead of street and nomber.]

Village or City Exispeld (No. 2) PULL NAME Edward adkin

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
Male While Sangle, Married ORDIVORGED ORDIVORGED (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
6 DATE OF BIRTH Dec. 9th, 1888. (Month) (Day (Year)	17 I HEREBY CERTIFY, That I attended deceased from 26, 1914, to Sucar 30, 1914, that I last saw here alive on known 30, 1914
25. 5- 20 If LESS than 1 day,hrs.	and that death occurred on the date stated above, at 2 m, m, The CAUSE OF DEATH* was as follows:
B OCCUPATION (a) Trade, profession, or particular kind of work	Taberson Prentont's
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) yrs mos /4 ds.
9 BIRTHPLACE (State or country) Maryland	Contributory Secondary (Duration) Syrs mos ds.
10 NAME OF John W. Adkins	(Signed) R Nome, M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER MALL 13 MAIDEN NAME OF MOTHER MALL 14 MAIDEN NAME OF MOTHER MALL 15 MAIDEN NAME OF MOTHER MALL 16 MAIDEN NAME OF MOTHER MALL 17 MAIDEN NAME OF MOTHER MALL 18 MAIDEN NAME OF MOTHER MALL MALL	*State the Disease Causing Death or, in deaths from Violent Causes, state (1) Means of Indury; and (2) whether Acciden-
of Mother Many D. Howard	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS TRANSPORTED
13 BIRTHPLACE OF MOTHER (State or country) Maryland.	At place In the of death yrs inos ds. State yrs mos ds
(Interment) John Walsun	Where was disease contracted, If not at place of death? Former or usual residence
(Address) Mascow. Md,	assisted Constant June 12 1914
Filed 191 REGISTRAR	20 y pertoker anoson appress
If more blanks are needed, address State Regis	strar, 6 E. Franklin St., Baito., Requesting V. S. No. V.

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the misease Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Nevcr return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) : Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the mia," "Puerperal peritonitie," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. cause of death approved by Committee on Nomeuclascpsis, tetanus) dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF MOMICINAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-Bronchopncumonia (secondary), 10 ds. Never report ture of the American Medical Association.) Aecidental drowning; Struck by railway train-acei-The contributory (secondary or intercurrent) Always qualify all diseases resulting from may be stated under the head (Recommendations on statement of (name origin; "Can-



RECORD	PHYSICIANS should a
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should a CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificate.
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state Very

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registered No. Ilf death occurred in Village or City...Ward) a hospital or institution. give its NAME instead of street and number. ? MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEX COLOR OR RACE WIDOWED, (Month) Write the word) I HEREBY CERTIFY. That I attended deceased from 8 DATE OF BIRTH (Day) (Year) (Month) If LESS than TAGE and that death occurred on the date stated above, at 1 day,hrs. The CAUSE OF DEATH * was as follows: OR 7 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in (Duration) which employed (or employer) Contributory.... 9 BIRTHPLACE (State or country) (Secondary) ARENTS 11 BIRTHPLACE (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death _____ yrs. ___ mos. ___ ds. State yrs, mos. ds. Where was disease contracted. If not at place of death?. Former or sual residence DATE OF BURIAL 15 REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers additional line is provided for the latter statement; the nature of the business or industry, and therefore an who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-Housewife, Housework, or At Home, and children, not who receive a definite sainry), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, (b) For many occupations a single word or term on the Statement of occupation-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," -Precise statement of occupa-As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In any affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cere-trospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercuters of lungs, meninges, peritonacum, etc.. Carcin

cause of death approved by Committee on Nomencia childhirth or miscarriage, as "Purpresal septichac etc., when a definite disease can be ascertained as the nant neoplasms) ; Measles; Whooping cough: Chronic cer" is less definite; avoid use of "Tumor" for mails. ture of the American Medical Association.) "Contributory." injury, as fracture of skuil, and consequences (e. g., sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch. If impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio mia," "Puenperal peritonitie," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Mcasles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of . Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile." etc.), "Dropsy." "Exhaustion," (Recommendations on statement of (name origin; "Can Never report



Cou	PLACE OF DEATH 5134		
/111	lage or City Manohin (No.	**************************************	
	FULL NAME Marion	g'regi	
	PERSONAL AND STATISTICAL PARTICULA	RS	
) se	4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the WOR	ingle	
DA	(Month) (Day	, 1905 (Year)	
AGE (HOBER) (Pay (Tear)			
	8 yrs 8 mos 19 ds	1 day,hrs.	
(a) par (b) busi	CCUPATION) Trade, profession, or rticular kind of work		
	IRTHPLACE (State or country) Somuel (Co.	
	10 NAME OF Grederich Brun		
PARENTS	11 BIRTHPLACE OF FATHER (State or country) Somerset	co.	
PAR	of Mother Winne Estell	umly	
	13 BIRTHPLACE OF MOTHER (State or country) Somusit	Co.	

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. I	264
st: Ward)	[If death occurred In a hospital or institution, give Its NAME instead of street and number.]
MEDICAL CERTIFICATE OF D	EATH
16 DATE OF DEATH	
(Month)	20 , 1914 (Year)
17 I HEREBY CERTIFY, That I att	10
and that death occurred on the date stated ab	ove at 7 A.m.
The CAUSE OF DEATH* was as follows:	The Constitution of the Section of t
Diffitheria	
Contributory(Duration)	yrs
Secondary	
(Signed) G. W. Gill	yrsds. M. D.
May 20, 1914/ (Address) Mano	
*State the Disease Causing Death, or, in Causes, state (1) Means of Injury; and Tal, Suicidal, or Homicidal.	deaths from VIOLENT (2) whether ACCIDEN-
18 LENGTH OF RESIDENCE (FOR HOSPITALS, INCORRECENT RESIDENTS) At place In the of death yrs, mos, ds. State Where was disease contracted, If not at place of death? Former or usual residence.	yrs ds
	ATE OF BURIAL
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\$ 10 Walton 10:	11.

No. 1. -02

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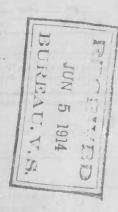
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[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers statement. additional line is provided for the latter statement; cases, especially in industrial employments, it is uecapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Nervant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)Civil engineer, Stationary fireman, etc. But In many Physician, Compositor, Architect, Locomotive engineer, first line wili be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death if the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, uant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) sepsis, tetanus) may be stated under the head such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably IENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Purpreral septichae ctc., when a definite discase can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inauition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere_symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (uame origin; "Cancause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For viogeuital," The contributory (secondary or intercurrent) Always qualify aii diseases resulting from Measles "Senile," etc.), (Recommendations on statement of (disease causing death), 29 ds.; "Dropsy," "Exhaustion," Never report



certificate.

of

Instructions

important.

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STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No Lif death occurred in .Ward) a hospital or Institution. give its NAME lostead of street and oumber. 1 MEDICAL CERTIFICATE OF PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE, 4 COLOR OR RACE MARRIED. WIDOWED. (Month) (Day) Write the word HEREBY CERTIFY, That I attended deceased from BIRTH (Month (Day) (Year) If LESS than 7 AGE 1 day hrs. OR mio. ? 8 OCCUPATION (a) Frade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) Contributory BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER OF FATHER (State of country ARENTS *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER of death _____ yrs. ___ mos. ... (State or country State _ ds. Where was disease contracted. MY KNOWLEDGE If out al place of death? usual residence OR REMOVAL DATE OF BURIAL 20 UNDESTAKER ADDRESS REGISTRAR

📆 more bianks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

(Year)

[Approved by U. 8. Census and American Public Health Association.]

fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise speci--material worked on may form part of the second it should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salesman, (b)
Grocery; (a) Foreman, (b) Automobile factory. The applies to each and every person, irrespective of age. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indiof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekcepers statement. cases, especially in industrial employments, it is necwho have no occupation whatever, write None. CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative Mealthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causino death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

such, if impossible to determine definitely. Examples: ture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vicmia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Purperal scottchaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomencla-Accidental drowning; Struck by railway train-acci-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ample: Measles er" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... The contributory tetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of (disease causing (secondary or intercurrent) (name origin; "Candeath), 29 "Exhaustion,



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may be properly classified. Exact statement

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See instructions on back of

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13 BIRTHPLACE OF MOTHER (State or country

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DEATH In

OF

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1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

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	Registration Dist, No. 26 8
Village or City Deal's Polary 149,	St.; Ward) [If death occurred in a hospital or Institution, give its NAME Instead of street and nomber.]
2FULL NAME SEE Cay	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	(Morth) (Day (Year)
6 DATE OF BIRTH Moy (Moyth) (Day (Year)	that I last saw h allve on about may 4, 191 &
7 AGE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession, or particular kind of work	1 Fichtus
(b) General nature of Industry, business, or establishment in which employed (or employer)	Departion of the second of the
9 BIRTHPLACE (State or country) Deals Island	Secondary (Ouration) / yrs mos ds
10 NAME OF Jack Carta	(Signed) Sep. 73 (Duration) yrs mos ds
of FATHER (State or country) Deals Island	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-
12 MAIDEN NAME Sorah Museuson	TAL, SUICIDAL, OF HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.

At place of death yrs mos d Where was disease contracted, If not at place of death?	is.	In the State	yrs,	mos	ds
it not at higgs of acatit		*********	************	***************************************	

Former or usual residence

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DATE OF BURIAL

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekecpers , mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second cated thus: Farmer (retired 6 yrs.) For persons of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Nover return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucisis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitie," etc. State cause for childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of..... (name origin; "Cansepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; ture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the which surgical operation was undertaken. For vioctc., when a definite disease can be ascertained as the dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) Always qualify all diseases resulting from

BINDING FOR RESERVED MARGIN

Exact statement PERMANENT EXACTLY. stated properly classified. 4 pe should AGE carefully supplied. pe UNFADING may = that WITH pe terms, should In plain Information of Inform DEATH

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RECORD

1 PLACE OF DEATH PHYSICIANS should state of OCCUPATION IS very ²FULL NAME PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE, 4 COLOR OR RASE MARRIED, WIDOWEO, Write the word) 6 DATE OF BIRTH (Month) (Day) (Year) TAGE If LESS than 1 day, ...hrs. OR ? mos. 6 OCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) certificate. 9 BIRTHPLACE (State or country) 10 NAME OF FATHER. ō back ARENTS 11 BIRTHPLACE OF FATHER (State or country) 0 12 MAIDEN NAME OF MOTHER Instructions OF MOTHER (State or country) FO mportant. Every It 15

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

.....Ward)

Ilt death occurred in a hospital or institution. give its NAME Instead of street and number. I

MEDICAL	CERTIFICATE OF D	EATH
16 DATE OF DEATH	May (Month)	(Day) (Year)
17 · I HEREBY	CERTIFY, That I att	
	1 to	
	1, 10	191
hat I last saw h all	ve on	, 191
and that death occurred o	n the date stated she	10 15 0
The CAUSE OF DEATH*		Ac' arms Town W
~		. 0
Fremat		4
Mornay	we wor	en
***************************************	(Duration)y	rsds
Contributory		
(Secondary)		
	(Duration)	yrsds
Signed) W. 6	2) Las (usus	on
m- 11	1,1,6,	77. M. D
1149 11 , 1914 (1	ddress) / Willem	Harmon
*State the DISEASE CA	USING DEATH, or, in d	leaths from Violenm
CAUSES, state (1) MEAN TAL, SUICIDAL, OF HOMIC	S OF INTERVENIA (9) whether ACCIDEN-
18 LENGTH OF RESIDENCE OR RECENT RESIDENTS)	E FOR HOSPITALS, INS	TITUTIONS, TRANSIENTS
At place	In the	
of death yrs mos.	ds. State	yrs mos ds
Where was disease contracted.		
It not at place of death?	***************************************	0,
Former or usual residence		
		2= ****
19 PICACE OF BURIAL OR	REMOVAL	ATE OF BURIAL
Omus May	rel Murch yo	May 12 1914
20 UNDERTAKER	2 apr A	DDRESS
Oxame of	UV 1	110-6 7010



[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). of persons engaged in domestic service for wages, as the nature of the business or industry; and therefore an cases, especially in industrial employments, it is necwho have no occupation whatever, write None. CAUSING NEATH, state occupation at beginning of Illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home: Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salcsman, return "Laborer," As examples: For persons "Foreman." (6)

Statement of cause of death—Name, first, the pisease causing death—Name, first, the primary affection with respect to the tilme and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomencladent; Revolver wound of head-homicide; Potsoned such, if impossible to determine definitely. which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Tuerpman scotichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." "Tracmia," "Weakness," "hart fallure," "Haemorrhage," "Inanition," "Naras "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. ture of the American Medical Association.) scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as mere symptoms or terminal conditions, such as "As valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of .. "Contributory." Bronchopncumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 "Senile." etc.), (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," (name origin; "Can State cause for Examples:



V. S. No. 1.

	unty	Registration Dist. No. 201
Vill	2FULL NAME Ella Coster	St.; Ward) [If death occurr a hospital or instite give its NAME in of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 51	Leurale Look Single, MARRIED, WIDOWED, ORDIVERCED (Write the word)	16 DATE OF DEATH (Month) (Day (Ye) 17 I HEREBY CERTIFY, That I attended deceased
(a) par	(Montb) (Day (Year) (that I last aaw has alive on 2007 2 18 2 18 and that death occurred on the date agreed above, at 8 2 18 18 18 18 18 18 18 18 18 18 18 18 18
whi	Iness, or establishmant in ch employed (or employer) RTHPLACE (State or country)	Contributory Secondary (Duration) yrs 2 mos
PARENTS	10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 13 SIRTHPLACE OF MOTHER (State or country)	*State the DISEASE CAUSING DEATH, or, In deaths from VI CAUSEN, state (1) MEANN OF INJURY; and (2) whether Act TAL, SUICIDAL, or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANS OR RECENT RESIDENTS) At place in the of death yrs. mos. ds. State yrs. mos.
	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?



[Approved by U. S. Census and American Public Health Association.]

cases, especially in industrial employments, it is necness of various pursuits can be known. The question tion is very important, so that the relative healthfulof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary Areman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Statement of occupation-Precise statement of occupa-If retired from husiness, that fact may be indi-Women at home, who are engaged in the Never rcturn "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is Indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

valvular heart discase; Chronic interstitial nephritis, naut neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Cansuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Couthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) lujury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as The contributory (secondary or intercurrent) is less defiuite; avoid use of "Tumor" for malig-Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," ctc.), (Recommendations on statement of may be stated under the head of "Dropsy," "Exhaustion," The nature of the Never report



UNFADING INK-THIS IS

WRITE PLAINLY, WITH

CAUSE OF important.

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PHYSICIANS should state of OCCUPATION is very properly classified. Exact statement EXACTLY. AGE that it may See instructions on back of certificate. of information should be

RECORD

PERMANENT

PLACE OF DEATH 5138

STATE OF MARYLAND CERTIFICATE OF DEATH

51 7		Registration Di	st. No. 260
Village or City Tomers and (No. 2FULL NAME Hammy Thomas	Wennis	St.;Ward	[If death occurred is a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE C	F DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, OR DIVORCED OR DIVORCED (Write the word)	16 DATE OF 1	(Month)	(Day (Year)
(Month) (Day	(Year) that I last saw	v h M alive on M	my 8 ,1914
7 7 10	lav hre	occurred on the date states	•
© OCCUPATION (a) Trada, profession, or particular kind of work. (b) Beneral nature of Industry, business, or establishmant in which amployed (or employer)		(Duration)	yrs nos 8 ds
9 BIRTHPLACE (State or country) 10 NAME OF FATHER	Contributo Secondary		grsds
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	5/8	e Disease Causing Death, o te (1) Means of Injury; s	con drawn mi)
13 BIRTHPLACE OF MOTHER (State or country)	16 LENGTH O OR RECENT At place of death y	P RESIDENCE (FOR HOSPITALS RESIDENTS) In the TS	, Institutions, Transients
(Interment)	If not at place of Former or usual rasidence	death?	
(Address) Process Anne and	18 PLACE OF Dus 20 UNDERTA	BURIAL OR REMOVAL	DATE OF BURIAL , 191

REGISTRAR

If more blanks are needed, address State Registrat, o E. Franklin St., Balto., Requesting V. S. No. 1.

S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

it should be used only when needed. As examples: cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," ctc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobite factory. (a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of tungs, meninges, peritonaeum, etc., Carcin-

.by carbolic acid-probably suicide. The nature of the nant ncoplasms); Measles; Whooping cough; Chronic affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Canmiu," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerpenal septichae etc., when a definite disease can be ascertained as the mns," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. cause of death approved by Committee on Nomenclascpsis, tetanus) injury, as fracture of skull, and consequences (c. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, Or HOMICIDAL, or as probably IENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), may be stated under the head (Recommendations on statement of "Dropsy," "Exhanstion," Never report



stated EXACTLY. PHYSICIANS should state if. Exact statement of OCCUPATION is very RECORD

PERMANENT

4

UNFADING INK-THIS IS

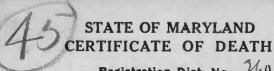
WRITE PLAINLY, WITH

Every Item of information should be carefully supplied. AGE should be signed CAUSE OF DEATH in plain terms, so that it may be properly classified. Important. See instructions on back of certificate.

No. 1. ت<u>ب</u>ري

N. B.

						00
1	PLA	CE	OF	DEATH	51	0



County Course	CERTIFICATE OF DEATH
	Registration Dist, No. 360
Village or City Decero acce (No	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH Micele 5, 184/ (Month) (Day (Year)	that I last saw has allve on Share 1914
7 AGE tf LESS than 1 day,hrs. or mosds. or min.?	and that death occurred on the date stated above, at 200 m. The CAUSE OF DEATH* was as follows:
OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	(Duration) / yrs mos ds.
10 NAME OF FATHER Purnell Oryden. 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	(Signed) (Buration) yrs mos ds (Signed) , M. D. *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
OF MOTHER Below Long 13 BIRTHPLACE OF MOTHER (State or country) WHAT	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
(Informant) Benera Deylen (Address) Driving Persey Ind	Where was disease contracted, If not at place of death? Former or usual residence
Filed 5727 ,1914 1. Smill REGISTRAR	Drublin Dost 3724 , 1914 20 UNDERTAKER AGBRESS VINNOAN PM Jacomy Line
If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

statement. Never return "Laborer," cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. tion is very important, so that the relative healthfulness. If retired from business, that fact may be indiof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary froman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons write None. The question "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart discase; Chronic interstitial nephritis, naut neoplasms); Measles; Whooping cough; Chronic affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (uame origiu; "Cansuch, if impossible to determine definitely. Examples: mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal scotichacetc., when a defiuite disease can be ascertained as the mus." "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inauition," "Maras genital," "Collabse," "Coma," "Convulsions," "Debility" ("Contheuia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopucumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles "Senile," etc.), may be stated under the head (Recommendations on statement of (disease causing dcath), 29 ds.; "Dropsy," "Exhaustion," Never report For vio-



1 PLACE OF DEATH	STATE OF MARYLAND
County Somerset 5140	CERTIFICATE OF DEATH
County	Registered No. 2006
EL NELL	Tit death occurred in
Village or City (No,	St; Ward) a hospitat or Institution,
*FULL NAME PUSSELL	et street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OF RACE 5 SINGLE, MARRIED, WIDOWED, WIDOWED,	16 DATE OF DEATH MAY 1, 1914
Wildle ORDIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	april 23, 191 4 to May 1st 1914
March 20, 1702	
(Month) (Day) (Year) AGE It LESS than	that I Jast saw h. A. alive on
1 day,hrs.	and that death occurred on the date stated above, at
/ ds. OR min.?	THE GAUSE OF BEATH & Was as follows:
a) Trade, profession, or School boy particular kind of work	Catarrial Premiury
(b) General nature of industry,	
business, or establishment in which employed (or employer)	(Ouration) yrs. mos. ds.
9 BIRTHPLACE	Contributory(Secondary)
(State or country) Well	(Duration) yrs most ds
10 NAME OF Pites J. Evans	(Signed) Clean J. Clear Mes, M. D.
O 11 BIRTHPLACE	May 1, 191 (Address) well
OFFATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
of Mother Wagge Deze	18 LENGTH OF RESIDENCE (FOR HOSPITALE, INSTITUTIONS, TRANSPORT
13 BIRTHPLACE OF MOTHER (State or country)	OR RECENT RESIDENTS) At place in the ot death yrs mos ds. State yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE,	Where was diseaso contracted, If not at place of death?
Informant Mers. Luca Diste	Former or
9,,-10)	usual residence
(Address)	DATE OF BURIAL LOS BURIAL LOS BURIAL LOS BURIAL LOS BURIAL LOS BURIAL
Filed	20 UN DERTAKER ADDRESS
REGISTRAR	Corp. Corre
If more blanks are needed, address State Registra	r, o m. s rankiin St., Balto., Kequesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not dutles of the household only (not pald Housekcepers minc, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age ness of various pursuits can be known. The question who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specifirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the nisease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, peritonacum, etc.. Carcin-

cause of death approved by Committee on Nomencla "Contributory." mia," "Puerpenal peritonitis," etc. State cause for childbirth or miscarriage, as "Purprenal septicharetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Traemla," "Weakness," ture of the American Medical Association.) sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver round of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile." etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemla" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measics (disease causing death), 29 de.: affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritim nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for mailgoma. Sarcoma. etc., of . LENT DEATHS state MEANS OF INJURY and qualify as Bronchopneu monia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of __ (name origin: "Can-Examples :



15

ated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very RECORD PERMANENT may be properly classified. UNFADING INK-THIS supplied. of information and DEATH in plain t WRITE CAUSE OF Important. S

PLACE OF DEATH	514
ty Somerset	-

Village or City Rehoboth (No.



St.; Ward)

[It death occurred in a hospital or institution, give its NAME instead of street and number.]

ADDRESS

FULL NAME No Chame	J. M. M. M. M. M. Street and number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH Stary 26, 1915 (Month) (Day (Year)) 17 I HEREBY CERTIFY. That I attended deceased from
6 DATE OF BIRTH Anay 26 (Moorth) (Day (Year)	that I last saw h
7 AGE it LESS than t day,hrs.	and that death occurred on the date stated above, at
GOCCUPATION (a) Trade, protession, or particular kind of work	Still Bon
business, or establishment in which employed (or employer) **BIRTHPLACE** (State or country)	Contributory Secondary
10 NAME OF FATHER Of GAMES 11 BIRTHPLACE OF FATHER (State or country)	(Signed) 4 (Address) Toeomore
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or eountry) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALE, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs mos ds. State yrs mos ds Where was disease contracted, It not at place of death?
(Informant) John a Frinney	it not at place of death? Former or usual residence.

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

20 UNDERTAKER

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Honsemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutics of the household only (not paid Housekcepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is uec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are cugaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causatiou), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee ou Nomenclasepsis, tetanus) may be stated under the head of such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Pueeperal septichac-"Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, ctc., of..... (name origin; "Can-"Contributory." injury, as fracture of skull, and consequences (e. g. by carbolic acid-probably snicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-aeci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For vioctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasmerc symptoms or terminal conditions, such as "Asaffection need not be stated unless important. Bronchopneumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 (Recommendations on statement of (secondary or intercurrent) Never report



V. S. No. 1.

N. B.-

		nould state
1	RECORD	PHYSICIANS SI
0.1. MARGIN RESERVED FOR BINDING	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
Z		1

STATE OF MARYLAND
STATE OF MARYLAND CERTIFICATE OF DEATH
Peristration Dist. No.

County Someral	CERTIFICATE OF DEATH
Village or City Marion Mil. (No	give its NAME instead
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jerrole White (Write the word)	16 DATE OF DEATH THEY 10 , 1915 (Went)
6 DATE OF BIRTH Mor 30, 1842 (Month) (Day (Year)	17 HEREBY CERTIFY, That I attended deceased from 18, 1914, to may 10 1914, that I last saw here alive on may 10, 1914
7 AGE 7 Z. yrs. mos. // ds. or min.?	and that death occurred on the date stated above, at 11 P. The CAUSE OF DEATH* was as follows: Explanation & Head Follows:
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Bollimone Co Sud	Contributory Seeondary
10 NAME OF RATHER Mathamiel Parsons	(Signed) Sale M. I 710 191 (Address) State the Disease Causing Death, or, in deaths from Violence Causing State (1) Means on Death, or, in deaths from Violence Causing State (1) Means on Death, or, in deaths from Violence Causing State (1) Means on Death, or, in deaths from Violence Causing State (1) Means on Death, or, in deaths from Violence Causing State (1) Means on Death, or, in deaths from Violence Causing State (1) Means on Death, or, in deaths from Violence Causing State (1) Means on State (1)
OF FATHER (State or country) Sout Brown 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER State or country) Sout Brown (State or country)	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place in the ot death yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	Where was disease contracted, It not at place of death? Former or usual residence
(Address) Maxion md, 15 Filed 191	St Paris Emitary Date of Burial May 12, 1914. 20 UNDERTAKER ADDRESS CARISLES

5142

1 PLACE OF DEATH

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of ill-Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tiou is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, Farmer or Planter, "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutesis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childwirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... ture of the Americau Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. Bronchopncumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) (Recommendations on statement of (name origin; "Can-State cause for Never report For vio-



CERTIFICATE OF DEATH OCCUPATION IS Registration Dist. No [If death occurred in .Ward) a hospital or lostitution. give its NAME lostead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS statement PERMANENT 16 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED: WIDOWED ONIONIB (Day) ORDIVORCEO HEREBY CERTIFY, That I attended deceased from 17 6 DATE OF BIRTH classified. (Day) (Year) be TAGE If LESS than and that death occurred on the date stated above, a 1 day,hrs. OR mig. ? properly BOCCUPATION (a) Frade, profession, or particular kind of work. (b) General nature of industry, business, or establishment la (Duration)yrs... may which employed (or employer) -----Contributory.... certificate. 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER (Signed) 80 WITH of MARGIN 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. plain instructions 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE OF MOTHER <u>=</u> Af place in the of death _____ yrs. ____ mos. ____ ds. State _____ yrs, ____ mos. ___ ds. (State or country Where was disease contracted. RITE If not at place of death? 0 Former or Item usual residence. CAUSE OI PLACE OF BURIAL DATE OF BURIAL 15 ADDRESS m REGISTRAR of more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1,

STATE OF MARYLAND

PLACE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry; and therefore an Physician, Compositor, Architect, Locomotive engineer, Servant, Cook, Housemaid, etc. gainfully employed, as At school or At home. Care fication, as Day laborer, Farm laborer, Laborer-Coal statement. it should be used only when needed. additional line is provided for the latter statement; cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as minc, etc. material worked on may form part of the second essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative meaithful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carein-

sepsis, tetanus) may be stated under the head of injury, as fracture of skuii, and consequences (e. g., such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "PUERPERAL septichaemus," "Oid Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse." "Coma," "Convuisions," "Debility" ("Con ampie: Measles (disease causing death), 29 ture of the American Medicai Association.) cause of death approved by Committee on Nomencia. by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the -Heart failure," "Haemorrhage," "Inanition," "Maras mere symptoms or terminal conditions, such as "As affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of "Contributory." Bronchopneumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can State cause for "Exhaustion, Never report Examples:



See instructions on back of certificate.

Important.

N. B.

1 PLACE OF DEATH

(nx)	STATE OF N	/ARY	LAND
10/	CERTIFICATE		
	Registration	Dist.	No. 2

No. 26/

DEATH

Viii	age or City Marrou (No,	St.;Ward)	[if death occurred in a hospital or institutioo, give its NAME Instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF	DEATH
3 SE	Color or race 5 single, MARRIED, Married Widowed, Or Blooked (Write the word)	16 DATE OF DEATH MONTH	(Day (Year)
6 D/	(Month) (Day (Year)	that I last saw here alive on officer	ttended deceased from
(a) par (b)	yrs mos ds OR min. ? CCUPATION Trade, profession, or licular kind of work Beneral nature of industry,	and that death occurred on the date stated at The CAUSE OF DEATH* was as follows:	bove, at 2 A m
9 BI	10 NAME OF FATHER 11 BIRTHPLACE (State or country) 12 BIRTHPLACE (State or country) 13 BIRTHPLACE (State or country) 14 BIRTHPLACE (State or country)	(Signed) A Surger (Address) Mm	yrs mos ds. yrs Mos ds.
PARENT	12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	*State the DISEASE CAUSING DEATH, or, I: CAUSES, state (1) MEANS OF INJURY; and TAL, SUICIDAL, OR HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, IN OR RECENT RESIDENTS) At place In the of deathyrsmos ds. State Where was disease contracted, It not at place of death?	yrs mes ds
15	(Address) Murias (Address) Murias (Address) Jaluno	Mr Gin Centy	DATE OF BURIAL 5 2 , 191
File	REGISTRAR	aw Disjon)	None

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the bisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. Housewife, Housework, or At Home, and children, not For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereutsis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (c. g., dent; Revolver wound of head-homieide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaccause. Always qualify all diseases resulting from cte., when a definite disease can be ascertained as the "Heart failure," "Hacmorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart discase; Chronic interstilial nephritis. nant neoplasms); Measles; Whooping cough; Chronie oma, Sarcoma, etc., of..... (name origin; "Canby earbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-aceimere symptoms or terminal conditions, such as "As Bronehopneumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) "Old Age," "Shoek," "Uraemia," "Weakness," Mcastes (disease causing death), 29 ds.; (Recommendations on statement of may be stated under the head of Never report



PLAINLY, WITH

WRITE

ż

No. 200

PHYSICIANS should of OCCUPATION IS Exset statement EXACTLY. properly classified. pinous supplied. 9 msy certificate. carefully 0 9 See Instructions on back pisin terms. pinous of Information DEATH IN 9 CAUSE OF M

8 OCCUPATION (a) Trade, profession, or

particular kind of work.

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

11 BIRTHPLACE

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE

(Address).

OF FATHER (State or country)

OF MOTHER (State or country)

PARENTS

15

(b) General nature of industry,

business, or establishment in

which employed (or employar) -----

1 PLACE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. ORDIVORCED (ON (Write the word) DATE OF BIRTH (Month) TAGE

5145

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

	W-	med \	

If death occurred la a hospifal or institutioa, give its NAME lasfead of street and number.]

NAME Mary Cdelin	y Jouls!
AND STATISTICAL PARTICULARS	MEDIGAL GERTIFICATE OF DEATH
Bolor of Race Single, Married, Widowed, Ordiverses Land (Write the word)	16 DATE OF DEATH MAY 21 1914 , 191 (Month) (Day (Year)
(Month) (Day (Year)	thet I last sew h a alive on MAY 181914 191
If LESS than 1 day,hrs. ORmin. ?	end that death occurred on the date stated above, at of Pm. The GAUSE OF DEATH* was as follows: Pulsus on arm Tulses Culous
House wife	
of in	Gentributory Gualiation to X hausti
William R. Van Buren	(Signed) (Duration) yrs mos ds. (Signed) , M. D. (Address) (Addres
intry) Md.	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
Mrsama Wilson Md.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT REGIDENTS) At place la the of death yrs, mos. ds. State yrs, mos. ds
wey Lan Suren	Where was disease contracted, if not at place of death? Former or oscal residance.
Jahres Luarder	Darres 12 Date of Burial May 22, 1814
,191 9 Mr S. Kelly MEGIETHAR	20 UNDERTAKER ADDRESS THE Hendy Ceals Islan
If more blanks are needed, address State Regis	strar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

RECORD PERMANENT 4 INK-THIS UNFADING



[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. (a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, material worked on may form part of the second it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: But in many "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing definite and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclascpsis, tctanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicidc. dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mere symptoms or terminal conditions, such as ."As-Bronchopneumonia (secondary), 10 ds. "Contributory." Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of may be stated under the head of "Dropsy," "Exhaustion," The nature of the Never report



No. 02

ery	PLACE OF DEATH	STATE OF MARYLAND
Is by	County Decerses	CERTIFICATE OF DEATH
CCUPATION	Q.	Registration Dist. No. 200
PAT	Village or City Truceless afforme,	St.; Ward) [If death occurre a hospital or instift
of OCCUP	2FULL NAME William	S. Joves give its NAME into of street and number
. t	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
EXACTL)	Male Color OR RACE Single, MARRIED, WIDDWED, ORDIVORCED (Write the word)	16 DATE OF DEATH May Sy 19 (Yes
stated Exact	6 DATE OF BIRTH ahril 14 1844	March 10, 1914, to may St, 19
he f	(Month) (Day (Year)	that I last saw h alive on 19
should r classi	7 AGE 11 LESS that 1 day,hr. ORmin.?	The CAUSE OF DEATH* was as follows:
ay be properi	(a) Trade, profession, or particular kind of work. (b) General nature of Indusfry, business, or establishment in which employed (or employer)	Chronic Catarrh of Julestines (Duration) 2 yrs. mos.
fully su	BIRTHPLACE (State or country) The ladelplie Pa	Contributory Secondary (Outstion)
so that	10 NAME OF FELLERISON M. Joues	(Signed) String M. Loutsons.
terms, n back	11 BIRTHPLACE OF FATHER (State or country) The ladelplee of a 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the Disease Causing Death, or, in deaths from Vio Causes, state (1) Means of Injury; and (2) whether Acc Tal, Suicidal, or Homicidal.
tion st plain tions o	Sarah a: leuner	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIOR RECENT RESIDENTS)
TH in	13 BIRTHPLACE OF MOTHER (State or country) heladelybea (Af place In the of death yrs mos ds. State yrs mos
m of ir	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	If not at place of death?
Every Iter CAUSE O important	(Address) Theladelphear &	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
CA	Filed of 16 1914 G. Kinich	20 UNDERTAKER ADDRESS

REGISTRAR

1 PLACE OF DEATH

STATE OF MARYLAND OF DEATH

[If death occurred in ard) a hospital or institution, give its NAME Instead of sfreef and number.]

(Day (Year) nat I attended deceased from

or, in deaths from VIOLENT and (2) whether ACCIDEN-

ALS, INSTITUTIONS, TRANSIENTS,

: Win James

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen chauged or given up ou account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, applies to each and every persou, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. (a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic genital," "Senile," ctc.), "Dropsy," "Exhaustiou," valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origiu; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenela-"Coutributory." scpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaectc., when a defiuite disease can be ascertained as the mus," "Old Age," "Shoek," "Uracmia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Couvulsions," "Debility" ("Contheuia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.

1 PLACE OF DEATH Someral. County.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration D	ist. N	0. 260
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St.;....Ward)

[It death occurred in a hospital or institution, give its NAME instead of street and number.]

**State the Disease Causing Death, or, in deaths from Vio Causes, state (1) Means of Early Secondary Contributory Secondary 13 15 16 16 16 16 16 16 16	uns Muy
**State the Organization Name of Father (State or country) **State the Transport of Month (Day (Year)) **State the Organization Name of Father (State or country) **State or country) **State the Disease Causing Death, or, in deaths from Vio Causes, state (1) Means of Pisjury; and (2) whether Acc Tall, Suicidal, or Hospicidal. **State the Disease Causing Death, or, in deaths from Vio Causes, state (1) Means of Pisjury; and (2) whether Acc Tall, Suicidal, or Hospicidal. **State the Disease Causing Death, or, in deaths from Vio Causes, state (1) Means of Pisjury; and (2) whether Acc Tall, Suicidal, or Hospicidal. **State the Disease Causing Death, or, in deaths from Vio Causes, state (1) Means of Pisjury; and (2) whether Acc Tall, Suicidal, or Hospicidal. **State the Disease Causing Death, or, in deaths from Vio Causes, state (1) Means of Pisjury; and (2) whether Acc Tall, Suicidal, or Hospicidal. **State the Disease Causing Death, or, in deaths from Vio Causes, state (1) Means of Pisjury; and (2) whether Acc Tall, Suicidal, or Hospicidal. **State the Disease Causing Death, or, in deaths from Vio Causes, state (1) Means of Pisjury; and (2) whether Acc Tall, Suicidal, or Hospicidal. **State the Disease Causing Death, or, in deaths from Vio Causes, state (1) Means of Pisjury; and (2) whether Acc Tall, Suicidal, or Hospicidal. **State the Disease Causing Death, or, in deaths from Vio Causes, state (1) Means of Pisjury; and (2) whether Acc Tall, Suicidal, or Hospicidal. **State the Disease Causing Death, or, in deaths from Vio Causes, state (1) Means of Pisjury; and (2) whether Acc Tall, Suicidal, or Hospicidal. **State the Disease Causing Death, or, in deaths from Vio Causes, state (1) Means of Pisjury; and (2) whether Acc Tall, Suicidal, or Hospicidal. **State the Disease Causing Death, or, in deaths from Vio Causes, state (1) Means of Pisjury; and (2) whether Acc Tall, Suicidal, or Hospicidal. **State the Disease Causing Death, or, in deaths from Vio Causes, state (1) Means of Pisjury; and (2) whethe	TICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH
OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) Benthelace (State or country) Secondary OF FATHER (State or country) Secondary (Signed) OF FATHER (Signed)	WIDOWED, ORDINGED (Year)
If LESS than 1 day, hrs. OR min.? B OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) BERTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER 11 BIRTHPLACE OF FATHER 12 MAIDEN NAME OF MOTHER 13 DIRTHPLACE OF MOTHER 13 DIRTHPLACE OF MOTHER 14 MAIDEN NAME OF MOTHER 15 LESS than 1 day, hrs. OR min.? The CAUSE OF DEATH* was as follows: The CAUSE OF DEATH* was as	1914, to 2 7, 1914,
(a) Trade, profession, or particular kind of work. (b) Generat nature of industry, business, or establishment in which employed (or employer) PBIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 RIPTHPLACE OF MOTHER 13 RIPTHPLACE OF MOTHER 14 MIDEN NAME OF MOTHER 15 LINE THOMAS OF INJURY; and (2) whether Acc TAL, SUICIDAL, Or HOMICIDAL. 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSI OR RECENT RESIDENCE	if LESS than 1 day,hrs. The CAUSE OF DEATH * was as follows:
Contributory Secondary Contri	(Duration) yre mae 8 de
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 DIRTHPLACE OF RECENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIOR RECENT RESIDENCE)	Contributory Secondary (Duration) yrs. mos. ds.
18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSI OR RECENT RESIDENTS)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accident
OF MOTHER (State or country) Of Mot	At place of death yrs mos ds. Stale yrs mos ds Where was disease contracted,
(intermant) I find at place of dealh? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL OR SEMOVAL 349, 18	Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 19 PLACE OF BURIAL
Filed 5, 191 + REGISTRAR 20 UNDERTAKER ADDRESS A CHUM IN THE MORE BIRDS ADDRESS ADDRES	REGISTRAR Win James & Alum mi.



[Approved by U. S. Census and American Public Health Association.]

cated thus: Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursults can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcisis of lungs, meninges, peritonacum, etc., Carein-

affection need not be stated unless important. valvular heart disease; Chronie interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Cansepsis, tetanus) may be stated under the head of lnjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "luanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-aeci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage as is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Seuile," etc.), "Dropsy," (Recommendations on statement of (disease causing death), 29 "PUERPERAL septichae-"Exhaustion," Never report



carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state that it may be properly classified. Exact statement of OCCUPATION is very certificate.

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of information should be c DEATH in plain terms, so See instructions on back of

CAUSE OF Important, S

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S. No. 1.

WRITE

5148 PLACE OF DEATH omerset



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

		 	St.;_	Ward)
-			0	
)	1.	•	//	

[It death occurred in a hospital or institution,

ADDRESS

FULL NAME Evelin M	c Daniel of street and number.]		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
Jemale White Single, Married or or Division to the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from		
March 16, 1978 (Month) (Day (Year)	meh 26, 1914, to May 8, 1914, that I last saw held alive on May 8, 1914		
36 yrs / mos 22 ds. or min.?	and that death occurred on the date stated above, at 5. 20 9 m. The CAUSE OF DEATH* was as follows:		
(a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in	Nephritis		
which employed (or employer) 9 B!RTHPLACE (State or country) Crivil Md.	Contributory (Quration) yrs mos ds. Contributory (Quration) yrs mos 3 ds.		
11 BIRTHPLACE OF FATHER (State or country) Oriole Md. 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) (Signed) (Address) (Signed) (S		
13 BIRTHPLACE OF MOTHER (State or country) Oriole, Md. 14 THE ABOVE IS RUE TO THE BEST OF MYKNOWLEDGE (Interment) AW Mc Daviel	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos ds. State yrs, mos ds Where was disease contracted, If not at place of death? Former or usual residence		
(Address) Oriole	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL		

REGISTRAR

20 UNDERTAKER

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Groccry; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, tion is very important, so that the relative healthfulmaterial worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman,"

lesis of lungs, meninges, peritonaeum, etc., Careinpneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu RECEIVED brospinal meningitis"); Diphtheria (avoid use fever (the only definite synonym is "Epidemic cereterm for the same disease. Examples: Ccrcbrospinal time and causation), using always the same accepted causing death (the primary affection with respect to Statement of cause of death-Name, first, the DISEASE Typhoid fever (never report "Typhoid

mia," "Puerperal peritonitis," etc. State cause for oma, Sarcoma, etc., of......... (name origin; "Cancer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," etc.), may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," The nature of the Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED
JUN 5 1914
BUREAU, V.S.

SEP 221914
BUREAU, V.S.

AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very

RECORD

PERMANENT

4

V. S. No. 1.

N. B.

WRITE PLAINLY, WITH UNFADING INK-THIS IS

Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate.



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;....Ward)

[If death occurred in a hospital or Institution, give its NAME instead

FULL NAME STAIRT Overel	of Street and Homes.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
French White the word)	(Month) (Day (Year)
6 DATE OF BIRTH Way Wonth) (Day (Year)	that I last saw h
7 AGE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work	(Duration) yrs mos ds.
9 BIRTHPLACE (State or country) 10 NAME OF FATHER Ses. Colgar Powell,	Contributory Secondary (Duration) yrs mos ds. (Signed) Classer, M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER Agt. Hermerleig	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSEN, state (1) MEANN OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Senurary	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) Af piace In the of death yrs mos ds. State yrs, mos ds Where was disease confracted.
(Informant) Star Edition No Knowledge	If not at place of death? Former or usual residence.
(Address) Shuiss Mu hint D	Doublin Dist. 20 UNDERTAKER Sovall Date of Burial ADDRESS Bam w
If more blanks are needed, address State Regis	strar, 6 E. Frankin St., Balto., Requesting V. S. No. 1. 197 A

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Heaith Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g.. Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tiou is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has (a) Spinner, (b) Cotton mill; (a) Salesman, Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injnry, as fracture of skull, and cousequences (c. g., mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can ture of the American Medical Association.) "Contributory." by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion,"



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County County 5150	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 263
Village or City 1104 Verno (No	St.; Ward) [If death occurred is a hospital or lostitution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Frence White (Write the word)	(Month) (Day) (Year) 17 O I HEREBY CERTIFY, That I attended deceased from
TAGE (Month) (Day) (Year) TAGE II LESS than 1 day,hrs. ORmio.?	that I last saw here alive on the date stated above, at 12 m The CAUSE OF DEATH* was as follows:
particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) Performance (State or country) 10 NAME OF FATHER Cellumination C	(Duration) yrs mos ds Contributory (Secondary) (Duration) yrs mos ds (Signed) M. D.
11 BIRTHPLACE OF FATHER State or country 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place lo the of death yrs, mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF BY KNOWLEDGE Informant) (Address) (Addr	Where was disease contracted, If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL Way 10 UNDERTAKER DESCRIPTION DATE OF BURIAL AND TO

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

minc, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of Illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. "Manager," "Dealer," etc., without more precise speciit should be used only when needed. additional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return / "Laborer," If the occupation has As examples: For persons "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhold dneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, pertionaeum, etc.. Carcin-

cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Pursperal septichnemus," "Old Age," "Shock," "Uraemla," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chrowle ter" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) "Contributory." Accidental drowning; Struck by railway train-accietc., when a definite disease can be ascertained as the -Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can State cause for Never report Examples: For vio-



S. No. 1.

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N. B.—Every item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD A PERMANENT UNFADING INK-THIS IS WRITE PLAINLY, WITH

Ì	PLACE OF DEATH ounty Sames to 5151 /illage or City Dances Quarteno. 2 FULL NAME Undanoun	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2. 6.7 [If death occurred in a hospital or institution, give its MAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 5 6	MARRIED. WIDOWED. (Write the word)	16 DATE OF DEATH Thay 2 , 191 (Month) (Day) (Year) 17 I HEREBY CERTIFY. That I attended deceased from
6 D	(Month) (Day) (Year) GE It LESS than 1 day, hrs.	that I last saw h
par (b) bus	yrsds. QRmin. ? OCCUPATION 1) Trade, profession, or Inticular kind of work	information. Un many up. (Duration) yrs. mos. ds.
9 B	State or country) Muknown	(Secondary)
NTS	11 BIRTHPLACE OFFATHER (State or country)	(Signed) yrs mos ds. (Signed) , June M.D. (Signed) , 191 (Address) Death, or, in deaths from Violent
PAREN	12 MAIDEN NAME OF MOTHER (13 BIRTHPLACE OF MOTHER (State or country)	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the et death
	(Informant) Las E Bozman & P	Where was disease contracted, it not at place of death? Former or usual residence

May 2..., 191 4 D Filey

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Franklin St., Balto., Requesting N. S. No. 1.

OF BURIAL OR REMOVAL

DATE OF BURIAL

REVISED UNITED STATES STANDARD CÉRTIFICATE OF DEATH

[Approved by L. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indiwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of iilbeen changed or given up on account of the pisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers statement. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary Areman, etc. But in many applies to each and every person, irrespective of age Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salcsman, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc.. Carcinosis



ture of the American Medicai Association.) cause of death approved by Committee on Nomencia-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal scptichaecause. Aiways qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenitai," "Senile," etc.), "Dropsy," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemla" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. ample: Meastes (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis mere symptoms or terminal conditions, such as "Asnant neopiasms); Mcasles; Whooping cough; Chronic cer" is iess definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of ... The contributory (Recommendations on statement of (secondary or intercurrent) (name origin; "Can State cause for "Exhaustion," Never report Examples:



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ated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very RECORD PERMANENT stated EXACTLY. e carefully supplied. ACE should be so that it may be properly classified. certificate. See instructions on back of N. B.—Every Item of Information should be GAUSE OF DEATH in plain terms, s

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Important.

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1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 2

S	t.;	W	ard)

[if death occurred to a hospital or Institution, give its NAME lostead of street and number.]

Village or City Dames 14 (No.

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVERCED (Write the word)	16 DATE OF DEATH Thay 2 (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from	
6 DATE OF BIRTH		
(Month) (Day) (Year) 7 AGE If LESS than 1 day,hrs.	and that death occurred on the date stated above, at	
OCCUPATION (a) Trade, profession, or particular kied of work. (b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration)	
(State or country) 10 NAME OF FATHER // 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	(Signed), M. D. (Signed), M. D. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury: and (2) whether According	
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death	
(Informant) Charles Eq. Bozmanı (Address) Dames Quarter	Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Dances 114 Thay 2, 1914	
Filed May 2, 1914 W. S. Kelly MEGISTRAR	Charles & Bozman Canales Luar	

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health

Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an applies to each and every person, irrespective of age. ness of various pursuits can be known. The question essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using aiways the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

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PERMANENT stated EXACTLY. UNFADING INK-THIS IS AGE carefully supplied. of information should be carefully su DEATH in plain terms, so that it m. See instructions on back of certificate. WRITE PLAINLY, WITH

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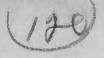
PHYSICIANS

RECORD

properly classified. Exact statement of OCCUPATION is very

1 PLACE	OF DEATH	5152
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Village or City Monic



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 260

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	No		

St.;..... ...Ward)

[If death occurred in a hospital or institution, give Its NAME Instead ot street and number.]

	Harace	White
FILL NAME	of a cure	10000

	²FULL NAME	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
38	Male Calared Single, Married, Wipowed, ORDIVORCED (Write the word)	18 DATE OF DEATH May (Month) (Day (Year) 17 I HEREBY GERTIFY. That I attended deceased from
6 D	ATE OF BIRTH So not Know Worth or day = 1833 (Month) (Day (Year)	MANCE, 1913, to May 13, 1914, that I last saw h hum alive on May 13, 1914
7 A	S If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 530 a.m., The CAUSE OF DEATH* was as follows:
(a pa (b) bus wh	CCUPATION) Trade, profession, or rticular kind of work	(Duration) 3 yrs mos ds. Contributory Wrence Programs
	10 NAME OF FATHER 24 114 949 +	Secondary (Ouration) yrs mos 6 ds. (Signed) Shu T Puby M D
RENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 7	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
¥d	OF MOTHER Marie Ooke, 13 BIRTHPLACE OF MOTHER (State or couppry) THE ABOVE IS THUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INATITUTIONA, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs, mos, ds. State yrs, mos, ds Where was disease contracted,
	(Informant) Hussy While (Address) Hebrit.	It not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 3 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1
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REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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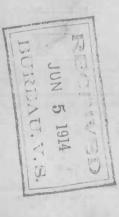
REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

cated this: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," But in many "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meuingitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercuters of lungs, meninges, peritonaeum, etc., Carcin-

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THE THE PROPERTY OF THE PROPER	very item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	AUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is yery	nportant. See instructions on back of certificate.
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	White	STATE OF MAR ERTIFICATE OF Registration Dist	DEATH
	ME	DICAL CERTIFICATE OF	DEATH
mul	18 DATE OF DEATH	May	/
		(Month)	(Day

[If death occurred in a hospital or institution,

	FULL NAME / Wignina /	White of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	Temale Calared Consonate (Witte the word)	18 DATE OF DEATH Mout (Month) (Day (Year)
	(Month) (Day (Year) GE If LESS than 1 day,hrs.	that I last saw har alive on May 12 , 1914 and that death occurred on the date stated above, at 3.30 pm
pa (b bu wi	yrs. mos. ds. OR min.? OCCUPATION 1) Trade, profession, or articular kind of work. Siness, or establishment in lich employed (or employer) IRTHPLACE (State or country)	The CAUSE OF DEATH* was as follows: Tuber cularis of curgo (Duration) 2 yrs. mos.
PARENTS	10 NAME OF Edward White 11 BIRTHPLACE OF FATHER (State or country) Orisle Mb 12 MAIDEN NAME OF MOTHER PLASA Wilson	(Signed) (Si
14	13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address)	At place In the of death
15 FI	191 4 9 Amich	29 NOTES ADDRESS

REGISTRAR

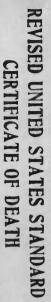
II more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

5153

1 PLACE OF DEATH

County....

Village or City



[Approved by U. S. Census and American Public Health Association.]

Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; cases, especially in industrial employments, it is nection is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None, been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as (a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereucsis of lungs, meninges, peritonaeum, etc., Carcin-

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of information should be estefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very

See instructions on back of certificate.

of Information

CAUSE OF OF

N. N

RECORD

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

5154

1 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

CO	unity maring get than bear and the bear bear and an annual	Registration Dist. No. 267
Vil	1888 OF CITY CHANCE MU (NO. , -	St.; Ward) [If death occurred la a hospital or lositiutiea, give lts NAME lestead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH
3 8	4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH MAY 181914 ,191 (Month) (Day (Year)
Month) (Day Wear)		MAY 13 1914, 191 to MAY 18 1914, 191 that I last saw h alive on 191
TA		end that death occurred on the date stated above, atm. The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) **BIRTHPLACE** (State or country) CHANCE MD		(Duration)ds. Gontributory
ARENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	(Signed)
14 T	13 BIRTHPLACE OF MOTHER (State or country) CHANCE MD THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informact) Ogas Magnet	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. At place to the to the
15 FII	ed May 17, 1914 W. S Kelly REGISTRAR	19 PLACE OF BURIAL OR REMOVAL CHANCE MD May 19, 191 4 20 UNDERTAKER J. W. Kindry Deale Island

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health
Association.]

should be taken to report specifically the occupations who have no occupation whatever, write Nonc. cated thus: Farmer (retired 6 yrs.) For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal statement. material worked on may form part of the second it should be used only when needed. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salcsman, additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, Irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is Indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

lnjury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of mia," "Puerperal peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronie eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatie), "Atrophy," affection need not be stated unless important. dent; Revolver wound of head-homicide; Poisoned Bronchopncumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion, Never report For vio-

